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AUTHOR Kuramoto, Ford H.

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ABSTRACT

Developing culturally appropriate prevention messages and materials for Asian and Pacific Islander audiences is challenging. It is important to recognize and respect their geographic, ethnic, racial, cultural, economic, social, and linguistic diversity. The health communication process enables planners to meet the challenge of developing programs for this target population. Asians and Pacific Islanders are often perceived as a model community with few, if any, problems related to substance abuse, but it is important to dispel their myth, generate more informed perspectives on user rates, and recognize differences in abuse rates among the various populations. To develop culturally appropriate and effective prevention strategies, planners should use the following health communication process: (1) planning and selecting a strategy; (2) selecting messages, materials, and channels; (3) developing materials and pretesting; (4) implementation; (5) assessment effectiveness; and (6) feedback to refine the program. Planning begins with research. Some selected research findings about various Asian American/Pacific Islanders populations are given. Key issues that may affect substance abuse problems are those of immigration, acculturation, and intergenerational conflict. (Contains 38 references.) (SLD)

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Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Technical Assistance Bulletin

Communicating Appropriately With Asian and Pacific Islander Audiences

Developing culturally appropriate prevention messages and materials for Asian and Pacific Islander audiences is challenging. It is important to recognize and respect their geographic, ethnic, racial, cultural, economic, social, and linguistic diversity. The health communication process enables planners to meet the challenge of developing programs for this target population.

Asian and Pacific Islander (API) populations in the United States are extremely diverse and differ significantly in their traditional values and customs as well as in their histories of acculturation and assimilation into American culture. Most API communities consist primarily of immigrants, with about 67 percent (many of whom are recent Southeast Asian refugees) speaking a language other than English at home. The 1990 Census counted more than 7 million Asians in 28 ethnicities and Pacific Islanders in 19 ethnicities (see box). Through the early 1990's, the API population in the United States had the fastest growth rate of all racial and ethnic groups and is expected to reach 41 million by 2050.

Special thanks to Ford H. Kuramoto, D.S.W., the major contributor to the writing of this document.

Asians and Pacific Islanders are often perceived as a "model community" with few, if any, problems related to substance abuse. It is important to dispel this myth, generate more informed perspectives on use rates, and recognize differences in abuse among API populations. Although there are fewer data on API populations than on other

Asian and Pacific Islander Populations

- The origins of Asians and Pacific Islanders living in the United States include Bangladesh, Bhutan, Burma, Cambodia, China, Hong Kong, India, Indonesia, Japan, Laos, Macao, Malaysia, the Maldives, Melanesia, Micronesia, Mongolia, North Korea, Pakistan, the Philippines, Singapore, Sri Lanka, South Korea, Taiwan, Thailand, and Vietnam.
- The largest populations of Asians and Pacific Islanders, in order of magnitude, are in California (22,845,659 representing 9.6 percent of the State's population), New York (693,760 representing 3.9 percent), Hawaii (685,236 representing 61.8 percent), Texas (319,459 representing 1.9 percent), and Illinois (285,311 representing 2.5 percent). In addition, about 400,000 Pacific Islanders live in six island jurisdictions: American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and the Republic of Palau.

Sources: 1990 U.S. Census; O'Hare and Felt, 1991.

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population groups, available substance abuse studies indicate that in general, drug use among Asian and Pacific Islanders is less frequent than that of non-Asian populations (NIDA, 1995). However, specific studies can help to identify potential problem areas, for example:

- Asians and Pacific Islanders in New York State use cocaine at the same rate as African Americans and inhalants at a rate (14 percent) higher than African Americans (11 percent), similar to Hispanics (16 percent), but lower than Whites (23 percent) (Austin and Gilbert, 1994).
- Asians and Pacific Islanders on the West Coast may be at relatively higher risk for illicit drug use and for using these drugs in sequence with alcohol and tobacco (Ellickson et al., 1992).
- Asian and Pacific Islander males show a higher past month use of cigarettes than African Americans, but a lower use than other ethnic groups (NIDA, 1995).

1. Use the Health Communication Process

To develop culturally appropriate, effective prevention strategies for Asian and Pacific Islander populations, use the six-stage health communication process—planning and strategy selection, selecting messages, materials, and channels, developing materials and pretesting, implementation, assessing effectiveness, and feedback to refine the program (see box). Cycling and recycling through the stages will also help ensure cultural competence through the application of academic and interpersonal skills that allow for an increased understanding and appreciation of cultural differences and similarities within, among, and between groups. Note that achieving cultural competence requires a willingness and ability to draw on community-based values and traditions, and to work with knowledgeable persons of or from the targeted community or population in developing strategies, messages, and materials.

The Health Communication Process

1. Planning your approach
2. Defining your messages and channels
3. Developing your materials and pretesting
4. Implementing the program
5. Evaluating the program
6. Using feedback to refine the program

2. Research the Problem

When planning and selecting a prevention program's strategy, it is essential to gather data about substance abuse and related problems among the Asians and Pacific Islanders within the community. Different API populations and subgroups within those populations often have varying needs because of different demographic profiles, cultural values, and geopolitical considerations. These differences underscore the diversity that exists as well as the importance of targeting messages and materials to specific segments or groups. It is important to:

- Review existing national, regional, and local studies and resources. (See the Reference/Resources list at the end of this bulletin.)
- Identify gaps in information and collect additional data as necessary. Qualitative research through the use of ethnographic studies, focus groups, and community forums can provide useful information about the substance abuse problems within

the API community and its subgroups. (See Key Issues for API Audiences box.)

- Involve the leaders within the API community in the planning process not only to determine the nature and extent of the substance abuse problems but also to identify assets and resources within the community that can be used to help address these problems.
- Involve members of the target audience. Talk to them about how they perceive the substance abuse problems within the API community.

Substance Abuse Differences Among and Within Asian and Pacific Islander Populations

Research may reveal differences in substance abuse among and within API populations in the community. For example, for Pacific Islanders alcohol usually appears to be the most pervasive substance abuse problem. American Samoa and other Pacific Island jurisdictions reported problems with alcohol, especially among youth (Whitney and Hanipale, 1991). In addition, Pacific Islanders in a California student survey consistently reported the highest rate of alcohol consumption, followed by Koreans, Filipinos, Japanese, Southeast Asians, and Chinese. The survey showed a similar pattern for tobacco and illicit drug use, although Southeast Asians reported higher uses of cocaine and amphetamines (Austin and Gilbert, 1994).

There are important differences in substance abuse among Asian and Pacific Islander populations.

Gender differences in substance abuse may also emerge. For example, 45 percent of Cambodian women in a Massachusetts sample said they used alcohol for nervousness, stress, headaches, insomnia, and pain, and 58 percent of a sample in California reported they misused prescription drugs to get an altered state (D'Avanzo et al., 1994). For another example, Asian and Pacific Islander women in California were found to use less alcohol, tobacco, and marijuana than API men, but API women and men had similar use rates for cocaine, amphetamines, inhalants, and depressants (Austin and Gilbert, 1994).

Cultural and Other Factors Related to Substance Abuse

Research may also reveal differences in cultural and other factors related to substance abuse. How API populations in the United States can vary in terms of problems, needs, and risk factors related to substance abuse is demonstrated by the following information (summarized from California community forums—Sasao, 1991):

- **Chinese.** *Most commonly used substances:* Tobacco and alcohol.
  At risk: Adolescents and young adults, immigrants, low-income households, and older adult males (due to heavy responsibility placed on them by their culture). *Risk factors:* Immigration and adjustment to American culture; intergenerational family conflicts (which often lead to isolation, depression, and gang activity among adolescents). Immigrant Chinese under-estimate health hazards of tobacco and alcohol; prevailing attitudes encourage use both in China and in the United States.
- **Japanese.** *Most commonly used substances:* Alcohol and marijuana (to a lesser extent, tobacco, "crack" cocaine, and "speed"). *At risk:* Adolescents and young adults with parents and peers who use substances; new immigrants who cope with feelings of isolation and depression by joining a drug-using subculture. *Risk factors:* Divorce, immigration.
- **Koreans.** *Most commonly used substances:* Alcohol (whiskey and rice wine) and "crack" cocaine. *At risk:* Adolescents, young adults, and males; elderly persons who abuse prescription drugs or over-the-counter medication from Korea. *Risk factors:* Cultural norms for

Key Issues for API Audiences

- **Immigration.** The immigration and refugee status of a group can serve as a major risk factor for substance abuse problems. Recent immigrants may experience language and cultural barriers; unemployment or under-employment; educational, social, and health difficulties; the pressures of being new, poor, and a minority in an unfamiliar community; and feelings of loss, grief, separation, and isolation as they adjust to a different way of life.
- **Acculturation.** For some Asians and Pacific Islanders, increased assimilation into the mainstream American culture has resulted in a loss of traditional cultural values and norms. This process of acculturation has placed API populations at increased risk for substance abuse problems, and acculturation has been identified by some as having a major influence on drinking patterns, with the greater the acculturation level the greater the amount of drinking.

  Thus it may be that Asian and Pacific Islanders who are recent immigrants should have drinking patterns similar to their country of origin while more assimilated Asian and Pacific Islanders should demonstrate drinking patterns more similar to American culture. Or it may be that alcohol consumption among Asian and Pacific Islanders increases as a way of coping with stress that is the result of changes in social norms, family relationships, and upward mobility.
- **Intergenerational conflict.** The children of immigrant parents often cope more readily with and adapt more quickly to the American culture and language than their elders. This can put them in conflict with the cultural traditions, beliefs, values, and practices of their parents, grandparents, and country of origin as well as cause communication problems.

  Children and adolescents may also be asked to serve as translators and intermediaries between their families and their new communities. For some teenagers prematurely assuming adult roles and responsibilities can result in rebellious or other alienating behavior. Such stresses on the family can make all family members more vulnerable to substance abuse.

masculine behavior (for example, males are encouraged to drink and smoke as a sign of masculinity, which often leads to driving under the influence, domestic violence, and juvenile delinquency).

- **Filipino.** *Most commonly used substances:* Alcohol, marijuana, and cocaine. ***At risk:*** Adolescent and young adult males; new immigrants. ***Risk factors:*** Family problems associated with immigration and adjustment to American culture; juvenile delinquency, under-employment, suicide, drunk driving, cultural acceptance of drinking and smoking among males, and female gang activity.
- **Vietnamese.** *Most commonly used substances:* Tobacco, marijuana, and alcohol (especially among Vietnam War veterans). ***At risk:*** Low-income, adolescent males; adult male immigrants and refugees. ***Risk factors:*** Refugee status, immigration, adjustment to American culture, intergenerational conflict, and juvenile delinquency. Many adolescents

Dispel the myth of the "model community"—generate more informed perspectives on use rates.

receive inadequate parental supervision due to the hours that parents work. Adult male immigrants and refugees often suffer from frustration and depression in adjusting to American culture when they feel loss of their role in the family. Refugee status and changing roles in a new culture often strain relationships, as when women become the main source of financial support and children become translators and intermediaries for their parents.

- **Cambodian.** *Most commonly used substances:* Alcohol and tobacco (to a lesser extent, "crack" cocaine and "ice"). *At risk:* Majority of the population who are low-income individuals (of all ages and gender), are traumatized by the war and refugee experience, and are struggling to survive in the United States. *Risk factors:* Unemployment, family and marital conflict, and juvenile delinquency.
- **Laotian.** *Most commonly used substances:* Alcohol, tobacco, and marijuana. *At risk:* Those who were traumatized by the war and refugee experience, especially males. *Risk factors:* Unemployment, family and marital conflict, and juvenile delinquency.
- **Hmong.** *Most commonly used substances:* Alcohol, tobacco, and opiates (e.g., opium). *At risk:* Adolescents and adults. *Risk factors:* Stress and peer pressure. Substance use is reported to be declining in this population as they learn the health consequences of substance abuse and voluntarily discontinue use.
- **Thai.** *Most commonly used substances:* Alcohol, tobacco, marijuana, and amphetamines. *At risk:* Single, monolingual, less-educated young adult immigrants. *Risk factors:* Lack of success in adapting to new culture, unemployment, family and marital conflict, and physical violence associated with drinking.

3. Define the Target Audience

Essential for successful communication programs targeted to Asians and Pacific Islanders is identifying the specific population group or segment that the program is trying to reach. Consider the following in defining and segmenting the Asian and Pacific Islander audience:

- Ethnicity
- Geographic origins
- Age
- Gender
- Cultural characteristics (e.g., language proficiency and religion) and norms
- Generational status
- Immigration experience
- Marital status
- Family structure
- Socioeconomic class
- Educational attainment
- Literacy level
- Degree of acculturation
- Health status
- Risk and protective factors
- Nature and level of substance use.

Research will help identify the specific population groups that will be targeted with prevention messages. Gathering better information about these groups increases the likelihood of developing messages and materials that will be effective in addressing specific prevention needs. For example, Chinese-Americans who have lived in a particular community for several generations will have very different issues, problems, and concerns than recent immigrants from Cambodia or Pacific Islanders who are residents of Samoa. Each of

Identify a specific population or group.

these population groups may require the development of different communication strategies, types of materials, and channels and intermediaries for effective delivery of prevention messages.

Once a particular segment of the Asian and Pacific Islander community is identified, continue the research. Develop a profile of the target group that reflects the factors just listed as well as psychographic information about the population, including its knowledge, attitudes, beliefs, and practices with respect to substance use; lifestyle habits and leisure activities; and ways of obtaining information,

4. Develop and Test Messages and Materials

In developing messages and materials for the Asian and Pacific Islander target audience, it may be necessary to use several languages or dialects, different types of reading material, and varying cultural contexts. For example, prevention messages may need to be written and/or spoken in both Cantonese and Mandarin Chinese. Depending on literacy levels, print materials may need to be presented in simple terms with illustrations and photographs. The cultural context may require that prevention messages be presented in different ways for different populations (e.g., Pacific Islanders, South Asians, Southeast Asians) and tailored even more specifically for subgroups (e.g., Hawaiians, Samoans). Additional consideration must be given to further defining the cultural context and environment of these subgroups. (Are the messages and materials being developed for Samoans residing in Samoa, in the Hawaiian Islands, or in the continental United States?)

Consider the impact of culture.

The relevance and effectiveness of prevention messages can be enhanced by developing them in consultation with community opinion leaders and gatekeepers as well as with members of target audience. Test messages and materials through informal discussions or through more structured focus groups and pretesting formats to ensure that they are responsive to the needs and concerns of the target group. Revise materials based on the feedback obtained from prevention experts, community leaders, and target audience members. Have messages and materials reviewed again to ensure that they are culturally competent and effective in reaching the intended audience.

Avoid concepts and messages that "blame the victim" or emphasize problems and pathology because they are less likely to be effective with API populations. For example, do not say "high-risk youth," but refer instead to "youth living in high risk environments."

Understanding the specific cultural values and norms of the target group is essential. For example, many Pacific Islander cultures have a holistic world view that sees a strong interrelationship among the spiritual world, family, community, and the universe. In Hawaiian culture, for example, great emphasis is placed on social relationships based on genealogy, with the terms "Wakea" (Father Sky) and "Papa" (Mother Earth) reflecting how the natural world is perceived in terms of family relationships. Thus fostering group harmony, support, and well-being in the context of such a world view may be a useful approach in designing prevention programs for Native Hawaiians.

Further, note that Asian and Pacific Islander groups may differ in their cultural backgrounds and practices with respect to substance use, but most encourage moderate use of alcohol.

5. Select Appropriate Channels

Given the tremendous diversity among Asian and Pacific Islander populations, it is essential that the channels selected to deliver prevention messages and materials are tailored to the needs of specific target audi-

Guidelines for Developing Appropriate Prevention Messages and Materials for API Audiences

- Avoid the use of stereotypes.
- Attain cultural competency in the development and evaluation of all messages, materials, and programs.
- Develop messages and materials that emphasize the role of parents and support the cultural strengths within the family.
- Recognize the role of elders and involve them in prevention efforts.
- Emphasize the varying religious belief systems and philosophical orientations found among the diverse API populations.
- Establish a clear definition of substance abuse when considering substances that are indigenous to some Asian and Pacific Islander cultures, such as betel nut, kava, and "sakau."
- Use the target audience's traditional culture as a basis for prevention messages and as a source for communication strategies and channels.
- Involve members of the community in identifying the real issues and problems and in developing messages and effective strategies for changing community norms about substance abuse.
- Use writers and editors who are from the targeted ethnic group and geographic area.
- Promote an understanding of substance abuse prevention information, health promotion, and disease prevention strategies, and of ways members of the community can take action on their own behalf as individuals and as a community.

ences. These channels can range from the most sophisticated high technology computer-based electronic communications to ethnic newspapers and other media outlets and to person-to-person relationships for the exchange of ideas and information. What is suitable for one target audience may not be for another. For example, in many of the Pacific Islander jurisdictions the lack of reliable telephone lines for modems can be a barrier for online computer communication; yet in Guam the use of electronic telecommunication systems through PeaceSat is an important potential vehicle for delivery of prevention messages.

Carefully select channels that are familiar to the audience.

Traditional Channels

Many API populations, particularly those from the Pacific Islands, have oral traditions for communicating information and messages. In these cultures, the use of traditional channels such as chant, dance, music, song, talking through chiefs, and special dialogues or stories can be effective in conveying prevention messages. For example:

- In Ebeye, use the "leroj" (the chief's sister, head of land) to communicate information.
- In Hawaii (for Native Hawaiians), ask the "kupuna" (elders) to revisit the resources of culture to bring about prevention.
- In Samoa, work through the "matai" (chiefs) who can speak to their communities about allowing prevention workers to speak.

- In Yap, have the priests speak about substance abuse issues in their sermons; or use magic and a "people-to-people" connection to restore and revive those who need help to good health.

Note, however, that relying on oral means of communication may create problems with standardization and replication of messages and materials for use in other areas.

Community Organizations

Messages and materials can be disseminated through a network of community-based agencies involved in substance abuse problem prevention and/or primary health care services for the Asian and Pacific Islander communities. But other community organizations can also be used as effective channels for the delivery of prevention messages. For example, local chambers of commerce can help to identify businesses in the community run by Asians and Pacific Islanders, such as restaurants, import/export firms, and translation services. United Way can be a source of information about agencies in the community concerned with API social service needs and problems. Indigenous community organizations can play a vital role in reaching youth and family representatives, as in Samoa, where the culture makes it easy to deliver messages through churches and other religious organizations.

Interpersonal Channels

Youth are often the most effective in communicating prevention messages to other youth in peer group and training settings. Family members and other adults are often most influenced by parents groups and other activities led by lay persons. The elders in the community may be particularly effective in transmitting to the younger generation the values, strengths, customs, and norms of the traditional culture.

Electronic Media

In many cities radio and television stations air Asian and Pacific Islander programming. For example, Los Angeles has radio and local cable television programs in several Asian and Pacific Islander languages, including Chinese, Japanese, Korean, and Vietnamese; and Honolulu offers radio programs in many languages including Chinese, Japanese, Korean, Samoan, Tagalog, and Tongan. Some of these Asian and Pacific Islander radio and television programs have an interest in health and social issues and will broadcast as well as feature regular speakers and/or topics related to substance abuse prevention.

Print Media

Many newspapers and magazines are in Asian and Pacific Islander languages, with some in both English and an Asian language. Although most print media are focused on a single Asian and Pacific Islander group, publications such as "Asian Week" target several Asian and Pacific Islander populations. An example of how an ethnic newspaper addresses substance abuse prevention is a regular advice column, similar to "Dear Abby," that deals primarily with health, prevention, and related issues in the Los Angeles area's Chinese language newspaper.

Consider using the indigenous ethnic print media to reach a large segment of the more recently arrived immigrant populations, especially those that are monolingual or bilingual and interested in news and programs that reflect their native countries. These media may be especially useful conveying prevention messages to older API populations with limited English-speaking skills.

6. Evaluate the Effectiveness of Messages and Materials

Planning for evaluation of how effective prevention messages and materials have been in reaching and influencing the intended audience is essential. Evaluation should occur at several key points in the life of the program. *Formative research* can be conducted in the early stages of planning to determine the needs of the target population and how best to reach this audience. *Pretesting* of the concepts, messages, and materials with prevention experts, key influentials, community leaders, and members of the target audience can result in essential information to guide the final development of the products and program.

Remember to evaluate!

Process evaluation can be used to study the procedures and tasks involved in implementing the program or activities. It can help assess how many materials are being distributed; whether they are reaching the intended audience; and other measures of how well a program is working.

Outcome evaluation after materials have been disseminated and promoted can help determine the short- and midterm results of prevention efforts. This information can then be used to reassess, redefine, and refine prevention messages, strategies, and programs to ensure that subsequent efforts to reach the target group will be even more effective.

Impact evaluation can be designed to measure longer term effects of the prevention program on the substance abuse problems in a community or among a segment of the population. It addresses a more complex situation that may require multiple program strategies over time to achieve long term goals, for example reducing the number of youth in the community who use marijuana.

Evaluation of substance abuse prevention materials and programs for Asian and Pacific Islander communities requires cultural competence. Many cultural issues and factors unique to API populations need to be considered in the design and implementation of evaluation efforts. It is not within the scope of this bulletin to discuss the complexities involved in developing a culturally competent evaluation framework or culturally valid measures for assessing the outcomes of API communication programs for substance abuse problem prevention, but the resources list that follows can help.

References/Resources

Akutsu P, Sue S, Zane N, Nakamura, C. Ethnic differences in alcohol consumption among Asians and Caucasians in the United States. *Journal of Studies on Alcohol* 1989; 50; 261-267.

Austin G, Gilbert M. *ATOD Use Among Asian American Youth*. Unpublished manuscript, 1994. Contact the CSAP Communications Team for availability information.

Austin G, Gilbert M. *Substance Abuse Among Latino Youth* (Prevention Research Update 3). Los Alamitos, CA, Western Regional Center for Drug-Free Schools and Communities, Spring 1989.

Center for Substance Abuse Prevention (CSAP). *Asian and Pacific Islander Americans ATOD Resource Guide*, 1995. Available from the National Clearinghouse for Alcohol and Drug Information (NCADI).

Center for Substance Abuse Prevention (CSAP). *Making Prevention Work: Actions for Asian/Pacific Islander Communities*. One page fact sheet available from NCADI.

Center for Substance Abuse Prevention. Technical Assistance Bulletins. The following titles in the series are especially relevant and are available from NCADI:

Evaluating the Results of Communication Programs, (in process).

Identifying the Target Audience, 1997.

A Key Step in Developing Prevention Materials Is To Obtain Expert and Gatekeeper Reviews, 1994.

Pretesting Is Essential; You Can Choose From Various Methods, 1994.

You Can Avoid Common Errors As You Develop Prevention Materials, 1994.

You Can Use Communications Principles To Create Culturally Sensitive and Effective Materials, 1994.

Center for Substance Abuse Prevention. Cultural Competence Series. *The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities*, 1995. Available from NCADI.

Center for Substance Abuse Prevention, Cultural Competence Series. *Developing Cultural Competence in Evaluation of Substance Abuse Prevention for Asian and Pacific Islander Communities* (in process).

Chi, I, Lubben JE, Kitano HL. Differences in drinking behavior among three Asian American groups. *Journal of Studies on Alcohol* 1989; 50; (1): 15-23.

Coalition for Drug Free Hawaii. 1218, Waimano Street, Honolulu, HI 96814.

D'Avanzo C, Frye B, Froman R. Culture, stress, and substance use in Cambodian refugee women. *Journal of Studies on Alcohol* 1994; 55: 420-426.

Ellickson P, Hays R, Bell R. Stepping through the drug use sequence. *Journal of Abnormal Psychology* 1992; 101 (3); 441-451.

Hatanaka H. *Asian Pacific Alcohol Peer Consultation and Training Project*. Los Angeles, CA, Special Services for Groups, Inc., 1991.

Kim S, McLead J, Shantzis C. Cultural competence for evaluators working with Asian American communities. In Orlandi, M. (Ed.), *Cultural Competence for Evaluators*. Rockville, MD, Center for Substance Abuse Prevention, 1992.

Legge C, Sherlock L. Perception of alcohol use and misuse in three ethnic communities. *International Journal of Addictions* 1990-1991; 25 (5a, 6a): 629-653.

Lindo JK, *Pacific Island Resource*. Oakland: Association of Asian Pacific Community Health Organizations, 1989.

Murase K. Delivery of social services to Asian Americans. In National Association of Social Workers (Ed.), *The Encyclopedia of Social Work*. New York, National Association of Social Workers, 1977.

Namkung PS. Asian American drug addiction—The quiet problem. In Iiyama, P., Nishi, S.M., and Johnson, B. (Eds.), *Drug Use and Abuse Among U.S. Minorities*. New York, Praeger, 1976.

National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA), 300 W. Cesar Chavez Avenue, Suite B, Los Angeles, CA 90012-2818. (213-625-5795)

National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852, (301) 468-2600 or (800) 729-6686, TDD (800) 487-4889. Internet World Wide Web address: http://www.health.org. Provides information on substance abuse research literature, programs, and educational materials.

National Institute on Alcohol Abuse and Alcoholism. Alcohol and Minorities. *Alcohol Alert*, No.23 PH347, January 1994.

National Institute on Drug Abuse. Drug Use Among Racial/Ethnic Minorities. 1995.

Office of Cancer Communications, National Cancer Institute (NCI). *Making Health Communication Programs Work: A Planners Guide*, 1989. Provides information on all aspects of health communications including readability and pretesting. To order, call 1-800-4-CANCER.

O'Hare W, Felt J. *Asian Americans: America's Fastest Growing Minority Group*. Washington, DC, Population Reference Bureau, 1991.

Okura Mental Health Leadership Foundation, 6303 Friendship Court, Bethesda, MD 20817, (301-530-0945).

Pleadwell BA (Ed). Substance abuse report concerns health officials. *Hawai'i Health Messenger*. Honolulu, State of Hawai'i Department of Health.

Sasao T. *Statewide Asian Drug Service Needs Assessment*. Sacramento, CA, California Department of Alcohol and Drug Programs, 1991.

Sasao T, Substance Abuse Among Asian/Pacific Islander Americans. In: Cervantes, RC. (Ed.) Substance Abuse and Gang Violence. Newbury Park, DA; Sage Publications, 1992.

Segal B. Ethnicity and drug taking behavior. *Drugs and Society* 1992; 6: 269-312.

Takaki R. *Strangers From a Different Shore*. New York, Penguin Books, 1989.

Whitney S, Hanipale F. *Feeling strong: Themes in Samoan Drinking and Recovery*. Unpuplished manuscript, Pago Pago, American Samoa, 1991. Contact the CSAP Communications Team for availability information.

Yamamoto J, Lee C, Lin K, Cho K. Alcohol abuse in Koreans. *American Journal of Social Psychiatry* 1987; 4: 210-214.

Zane N, Sasao T. Research on drug abuse among Asian Pacific Americans. *Drugs and Society* 1992; 6: 181-209.

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Ford Kuramoto, D.S.W., Chair
Cindy Park, Recorder
Karen Boone, Coordinator

Jae Wha Ahn, M.S.W.
Barbara S.N. Benavente
Gauri Bhattacharya, D.S.W.
Rose Bobo
Moon Chen, Ph.D., M.P.H.
Carmen Chigly
Emilie Dearing, R.N., M.S.W.
Ragini Dutt
Fualaau Hanipale, M.A.
Ford Hatamiya
William Inthisone, M.S.W.
Frank Irigon, M.S.W.
David Ha'ena Kamiyama
Chaiwon Kim, R.N.
Larry Koseki, D.S.W.
Theanvy Kuoch, M.A.
Victor Leo
Joann Levy, M.S.
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Francis Yuen, Ph.D.

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This bulletin is one in a series developed to assist programs that are working to prevent substance abuse problems. We welcome your suggestions regarding information that may be included in future bulletins. For help in learning about your audience, developing messages and materials, and evaluating communication programs, contact the CSAP Communications Team, 7200 Wisconsin Avenue, Suite 500, Bethesda, MD 20814-4820, (301) 941-8500.